

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different
than previously
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR William Herrington

Signature of Treasurer

Electronically Filed by DR William Herrington

Date

08

19

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Radiology Association Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>694551.36</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>838655.26</div>	
(c) Total Receipts (from Line 19)	<div>138092.08</div>	<div>855504.71</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>976747.34</div>	<div>1550056.07</div>
7. Total Disbursements (from Line 31)	<div>43063.19</div>	<div>616371.92</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>933684.15</div>	<div>933684.15</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	133869.93	762553.64
(ii) Unitemized	4218.50	92900.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	138088.43	855454.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	138088.43	855454.30
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3.65	50.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	138092.08	855504.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	138092.08	855504.71

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	599000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	2520.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2520.00	
29. Other Disbursements.....	1063.19	14851.92	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43063.19	616371.92	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43063.19	616371.92	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	138088.43	855454.30
34. Total Contribution Refunds (from Line 28(d))	0.00	2520.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	138088.43	852934.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Goree

Mailing Address 2320 Cromwell Cir

City

Davenport

State

IA

Zip Code

52807-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 40961051

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Berkenstock

Mailing Address P.O. Box 3555

City

Lancaster

State

PA

Zip Code

17604-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 40961052

Amount of Each Receipt this Period

84.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Brooks

Mailing Address 1930 Pickering Trl

City

Lancaster

State

PA

Zip Code

17601-4972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 40961053

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

719.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Cindy Janesky

Mailing Address Lancaster Radiology Associates
PO Box 3555

City State Zip Code
Lancaster PA 17604-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961058

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Kramer

Mailing Address 2147 Meadow Ridge Dr

City State Zip Code
Lancaster PA 17601-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961060

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Leslie

Mailing Address 260 Eshelman Rd

City State Zip Code
Lancaster PA 17601-5645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961061

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Leigh Shuman

Mailing Address Lancaster Radiology Associates
PO Box 3555

City State Zip Code
Lancaster PA 17604-3555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961063

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick Weybright

Mailing Address 1234 Mastersonville Rd

City State Zip Code
Manheim PA 17545-9461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961065

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Simon Westacott

Mailing Address 1965 Glendower Dr

City State Zip Code
Lancaster PA 17601-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Radiology Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961066

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce J. Thaler

Mailing Address 4131 Sudbrook Sq W

City

New Albany

State

PA

Zip Code

19106-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961136

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Husted

Mailing Address Crozier-Chester Med Ctr
1 Medical Center Blvd

City

Chester

State

PA

Zip Code

19013-3902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961137

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Damon Soeiro

Mailing Address 102 S Swarthmore Ave

City

Swarthmore

State

PA

Zip Code

19081-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961138

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Stock

Mailing Address 115 Plush Mill Road

City

Wallingford

State

PA

Zip Code

19086-6018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961139

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stefan Skalina

Mailing Address 19 Brookside Rd

City

Wallingford

State

PA

Zip Code

19086-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961159

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Taxin

Mailing Address 5 Hilltop Rd

City

Rose Valley

State

PA

Zip Code

19086-6216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961160

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Hiehle, JR

Mailing Address 915 Westdale Avenue

City

Swarthmore

State

PA

Zip Code

19081-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961161

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Chad Brecher

Mailing Address 235 S Wayne Ave

City

Wayne

State

PA

Zip Code

19087-4820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961162

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jay Kleinman

Mailing Address 2130 Greenbrier Dr

City

Villanova

State

PA

Zip Code

19085-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961163

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Gordon

Mailing Address 150 Glenwood Road

City

Haddonfield

State

NJ

Zip Code

08033-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961164

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gregory Schwartzman

Mailing Address 126 Mill Brook Ln

City

Media

State

PA

Zip Code

19063-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961165

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Amr El Jack

Mailing Address 2223 E Deerfield Drive

City

Media

State

PA

Zip Code

19063-1833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961166

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kurt Muetterties

Mailing Address 239 Painter Rd

City

State

Zip Code

Media

PA

19063-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961167

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jonathan Morgan

Mailing Address 25 Roscommon Dr

City

State

Zip Code

Newtown Square

PA

19073-3047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961168

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Krish Ramprasad

Mailing Address 116 Harwicke Rd

City

State

Zip Code

Springfield

PA

19064-2410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961183

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Rubin

Mailing Address 24 Charter Oak Dr

City

Newtown Square

State

PA

Zip Code

19073-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961184

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Heather Hahn

Mailing Address 136 Bromley Dr

City

Wilmington

State

DE

Zip Code

19808-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961185

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Irene Woo

Mailing Address 6 Greystone Cir

City

Newtown Square

State

PA

Zip Code

19073-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961186

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lance Becker

Mailing Address 1405 Wesleys Run

City

Gladwyne

State

PA

Zip Code

19035-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961187

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Khozaim Nakhoda

Mailing Address 3831 Rotherfield Ln

City

Chadds Ford

State

PA

Zip Code

19317-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961191

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Robert Fisher

Mailing Address 2035 Grantham Rd

City

Berwyn

State

PA

Zip Code

19312-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961192

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Carrie Kresge

Mailing Address 10 Stoney Brook Blvd

City

Newtown Square

State

PA

Zip Code

19073-3953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology, Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961193

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lisa Collazzo

Mailing Address 3 Pennsford Ln

City

Media

State

PA

Zip Code

19063-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961194

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patricia Saluk

Mailing Address 916 Winding Way

City

Media

State

PA

Zip Code

19063-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961195

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. C Amy Wilson

Mailing Address 146 W Tulpehocken St

City

Philadelphia

State

PA

Zip Code

19144-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961197

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Justin Blum

Mailing Address 11 Kershaw Road

City

Wallingford

State

PA

Zip Code

19086-6203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 1

Transaction ID: 40961198

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Devin Waldrop

Mailing Address 423 Waverly Lane

City

Macon

State

GA

Zip Code

31210-7573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Macon

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 1

Transaction ID: 41105443

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Hassell

Mailing Address Radiology Associates of Mobile
6576 Airport Blvd Bldg C Ste 2

City State Zip Code
Mobile AL 36608-3788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2011

Transaction ID: 41105763

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael George

Mailing Address 1620 John St S

City State Zip Code
Salem OR 97302-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Radiology Consultan-
ts

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2011

Transaction ID: 41105764

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Rickards

Mailing Address 1266 NW Countryside Ct

City State Zip Code
McMinnville OR 97128-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer
McMinnville Imaging Assoc-
iates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2011

Transaction ID: 41105766

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kambiz Shamlou

Mailing Address 1507 Oak Forest Dr

City

Ormond Beach

State

FL

Zip Code

32174-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41105955

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Douglas Wester, JR

Mailing Address 2405 Covemont Dr SE

City

Huntsville

State

AL

Zip Code

35801-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Huntsville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41105956

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bradford Richmond

Mailing Address 1122 Forest Rd

City

Lakewood

State

OH

Zip Code

44107-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic Foundati-
on

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41105986

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 41105987

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Alson

Mailing Address 6641 N Forkner Ave

City

Fresno

State

CA

Zip Code

93711-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 41105988

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Newman

Mailing Address 913 Southview PI NE

City

Lenoir

State

NC

Zip Code

28645-3755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenoir Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 41105989

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Christopher Conlin

Mailing Address 6590 Andersonville Rd

City

Clarkston

State

MI

Zip Code

48346-2794

FEC ID number of contributing
federal political committee.

C

Name of Employer
DRA of Flint, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 41105990

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ira Adler

Mailing Address 879 Lexington Dr

City

Greenville

State

NC

Zip Code

27834-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 41106068

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Buck

Mailing Address 272 Harrison Rd

City

Turtle Creek

State

PA

Zip Code

15145-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiologic Consultants,
Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 41106069

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

182.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rayda Hernandez-Guasch

Mailing Address Mail Boxes Etc

89 Ave De Diego Ste 105

City

San Juan

State

PR

Zip Code

00927-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Puerto Rico

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106070

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Terry Martin

Mailing Address Rad Assoc of Birmingham PC

2090 Columbiana Rd.

City

Vestavia

State

AL

Zip Code

35216-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rad Assoc of Birmingham
PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106071

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kent Lancaster

Mailing Address 3141 Sundance Path

City

Stevensville

State

MI

Zip Code

49127-9376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Berrie

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106086

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1478.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106088

Amount of Each Receipt this Period

208.34

B.

Full Name (Last, First, Middle Initial)

Dr. James Courtney

Mailing Address 27 Hillwood Rd

City

Mobile

State

AL

Zip Code

36608-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106089

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Demetrius Morros

Mailing Address 7418 Ridgcrest Court Rd

City

Vestavia Hls

State

AL

Zip Code

35242-0525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birmingham Radiological
Group P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106090

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

333.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Rd

City

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106092

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windsong Radiology Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

662.52

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106096

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Raymond A. Armstrong

Mailing Address 2605 Hickory Flats Trl SE

City

Huntsville

State

AL

Zip Code

35801-1432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Ctr-Montc-
lair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106097

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Lampert

Mailing Address 11595 E 26th St

City

Yuma

State

AZ

Zip Code

85367-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MDIG

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106335

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Dr. H E. Longmaid, III

Mailing Address 52 Harwich Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106337

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr. James Hiken

Mailing Address 7109 Cove Pointe PI

City

Prospect

State

KY

Zip Code

40059-9680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diag. Imaging Alliance of
Louisville

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106340

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

208.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin Smith

Mailing Address 3232 Old Stone Way

City

Sauk Rapids

State

MN

Zip Code

56379-4582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Diagnostic Radio-
logy

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 1 1

Transaction ID: 41106809

Amount of Each Receipt this Period

208.34

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Waldrop

Mailing Address 1006 Oakleigh Dr

City

Hattiesburg

State

MS

Zip Code

39402-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 1

Transaction ID: 41129110

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Vu Do

Mailing Address 187 S 21st St

City

Lebanon

State

PA

Zip Code

17042-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 1

Transaction ID: 41129400

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

958.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Glass, III

Mailing Address 106 Howard Oaks Dr

City

Macon

State

GA

Zip Code

31210-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Macon, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 1 1

Transaction ID: 41129402

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windsong Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

712.52

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 1 1

Transaction ID: 41129423

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Kanterman

Mailing Address 7407 Cromwell Dr

City

Clayton

State

MO

Zip Code

63105-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Luke's Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 41132402

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jason Salber

Mailing Address 755 Troutner Way

City

Boise

State

ID

Zip Code

83712-7546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem State Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 41133468

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ravi Ramnath

Mailing Address 687 Deerhurst Dr

City

Melbourne

State

FL

Zip Code

32940-2137

FEC ID number of contributing
federal political committee.

C

Name of Employer
NSI

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 41133470

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Colvin

Mailing Address 3747 Peachtree Rd NE Apt 1119

City

Atlanta

State

GA

Zip Code

30319-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 41133729

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Rosengart

Mailing Address PO Box 26430

City

Macon

State

GA

Zip Code

31221-6430

FEC ID number of contributing
federal political committee.

C

Name of Employer
RAM, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 1 1

Transaction ID: 41135450

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thaddeus Herliczek

Mailing Address 14 Winterberry Lane

City

Westport

State

MA

Zip Code

02790-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rhode Island Medical Imag-
ing

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41138168

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Moseley

Mailing Address 4 River Pine Dr SW

City

Rome

State

GA

Zip Code

30165-8562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rome Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41140958

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jon Anderson

Mailing Address 3059 County Road 204

City

Oxford

State

FL

Zip Code

34484-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141150

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Bajayo

Mailing Address 991 Ridgemont PI

City

Heathrow

State

FL

Zip Code

32746-1935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141151

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Manoj Bhatia

Mailing Address 34323 Parkview Ave

City

Eustis

State

FL

Zip Code

32736-7260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141152

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Pairoj Sea Chang

Mailing Address 15305 Willow Ln

City

Tavares

State

FL

Zip Code

32778-9352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141153

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rosendo Diaz

Mailing Address 10426 Pleasant View Dr

City

Leesburg

State

FL

Zip Code

34788-3854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141154

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Gurinsky

Mailing Address 801 E. Dixie Ave.
Suite 104

City

Leesburg

State

FL

Zip Code

34748-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141160

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Held, II

Mailing Address 39144 Harbor Hills Blvd

City

Lady Lake

State

FL

Zip Code

32159-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141161

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles Steve Houston

Mailing Address 38901 Berchfield Rd

City

Lady Lake

State

FL

Zip Code

32159-3935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141162

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. George Edward Kainz

Mailing Address 2024 Castelli Blvd

City

Mount Dora

State

FL

Zip Code

32757-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141163

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Cathrine Keller

Mailing Address 30049 Johnsons Point Rd

City

Leesburg

State

FL

Zip Code

34748-9214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141164

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Levine

Mailing Address PO Box 3820

City

Winter Park

State

FL

Zip Code

32790-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141168

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Yi Liu

Mailing Address 39842 Darlington Ave

City

Lady Lake

State

FL

Zip Code

32159-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141169

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John McMullen, III

Mailing Address 1771 Heim Rd

City

Mount Dora

State

FL

Zip Code

32757-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141170

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mahrad Paymani

Mailing Address 7635 Frog Log Ln

City

Leesburg

State

FL

Zip Code

34748-9170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141171

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marc Schwartzberg

Mailing Address 1504 South Pointe Dr

City

Leesburg

State

FL

Zip Code

34748-6990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141172

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Anton Serafini

Mailing Address 173 Harston Ct

City

Lake Mary

State

FL

Zip Code

32746-6973

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141174

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frans Van Dijk

Mailing Address 1965 Bridgewater Dr

City

Lake Mary

State

FL

Zip Code

32746-6911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141175

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Weyn

Mailing Address 26506 Savage Cir

City

Howey In The Hills

State

FL

Zip Code

34737-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141176

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Maurice Yoskin

Mailing Address PO Box 78

City

Eastlake Weir

State

FL

Zip Code

32133-0078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141177

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Berkow

Mailing Address 2154 Saint Andrews Cir

City

Bettendorf

State

IA

Zip Code

52722-6651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group PC, SC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141178

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Bosworth

Mailing Address 18 Stonelea Dr

City

Princeton Junction

State

NJ

Zip Code

08550-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michele Brown

Mailing Address 200 Cobblestone Dr

City

Ardmore

State

PA

Zip Code

19003-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141183

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel Cohen

Mailing Address 1480 Brookfield Rd

City

Yardley

State

PA

Zip Code

19067-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141184

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Dutka

Mailing Address 1265 South Avignon Dr.

City

Gladwyne

State

PA

Zip Code

19035-1042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiology

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Erik Gellella

Mailing Address 9 Dancer Ct

City

Monroe Twp

State

NJ

Zip Code

08831-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141186

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roy Greenbaum

Mailing Address 61 Stallion Cir

City

Upper Holland

State

PA

Zip Code

19053-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141187

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Kirkpatrick

Mailing Address 2411 April Dr

City

Jamison

State

PA

Zip Code

18929-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141188

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Mechanic

Mailing Address 679 Leslie Lane

City

Yardley

State

PA

Zip Code

19067-4470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141189

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Meshkov

Mailing Address 1512 Silo Rd

City

Yardley

State

PA

Zip Code

19067-4255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141190

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Neuman

Mailing Address 2501 N Whittmore St

City

Furlong

State

PA

Zip Code

18925-1516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Donald Ostrum

Mailing Address 1333 Arthur Ave

City

Maple Glen

State

PA

Zip Code

19002-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141192

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Roy Prager

Mailing Address 536 Winchester Dr

City

Yardley

State

PA

Zip Code

19067-4445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141193

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lawrence Ratner

Mailing Address 11 Old Bridle Path

City

Lawrenceville

State

NJ

Zip Code

08648-1080

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141194

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael J. Rieder

Mailing Address 319 S Sterling Rd

City

Elkins Park

State

PA

Zip Code

19027-2115

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41141195

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Ross

Mailing Address 704 Wynnewood Dr

City

Yardley

State

PA

Zip Code

19067-3475

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41141196

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gustavo Sanchez

Mailing Address 65 Alexanders Ct

City

Wrightstown

State

NJ

Zip Code

08691-3386

FEC ID number of contributing
federal political committee.**C**Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41141198

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas Sergi

Mailing Address 729 Yorktown Ln

City

Moorestown

State

NJ

Zip Code

08057-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Jersey Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141199

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ethan Tarasov

Mailing Address 65 Poor Farm Rd

City

Pennington

State

NJ

Zip Code

08534-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141200

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gary Silverstein

Mailing Address 87 Stallion Cir

City

Upper Holland

State

PA

Zip Code

19053-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141201

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Derek Plakyda

Mailing Address 16 Crown Ter

City

Yardley

State

PA

Zip Code

19067-7345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141202

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry LeCavalier

Mailing Address 1075 S Kimbles Rd

City

Yardley

State

PA

Zip Code

19067-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141209

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Paul Weiser

Mailing Address 590 Nottingham Dr

City

Yardley

State

PA

Zip Code

19067-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Affiliates of
Central New Je

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141210

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Shannon Amonette

Mailing Address 5840 Del Roy Dr

City

Dallas

State

TX

Zip Code

75230-2922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141626

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Noah Appel

Mailing Address 4932 Cape Coral Dr

City

Dallas

State

TX

Zip Code

75287-7233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141627

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stuart Aronson

Mailing Address 4017 Harlanwood Dr

City

Fort Worth

State

TX

Zip Code

76109-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141628

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Douglas Baker

Mailing Address 8016 Barrymoore Ln

City

Plano

State

TX

Zip Code

75025-5528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141629

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Patrick Barr

Mailing Address 14853 Winnwood Rd

City

Dallas

State

TX

Zip Code

75254-7625

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141631

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Rodney Bowman

Mailing Address 4616 Livingston Ave

City

Dallas

State

TX

Zip Code

75209-6024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141694

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Bressler

Mailing Address 816 W Cannon St

City

Fort Worth

State

TX

Zip Code

76104-3146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141695

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Frank Brown, JR

Mailing Address 815 Pennsylvania Ave

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141697

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Bundy

Mailing Address 3505 Princeton Ave

City

Dallas

State

TX

Zip Code

75205-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141698

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Campbell

Mailing Address 760 Jenkins Road

City

Aledo

State

TX

Zip Code

76008-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141699

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Bradley Casolo

Mailing Address 6323 Lafayette Way

City

Dallas

State

TX

Zip Code

75230-1819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141733

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Chandler

Mailing Address 6705 Clear Springs Dr

City

Fort Worth

State

TX

Zip Code

76132-3750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141734

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Matthew Chernio

Mailing Address 3930 McKinney Ave Apt 476

City

Dallas

State

TX

Zip Code

75204-2077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141735

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jill Coleman Chilcoat

Mailing Address 6116 Troon Rd

City

Fort Worth

State

TX

Zip Code

76132-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141736

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ronald Chilcoat

Mailing Address 6116 Troon Rd

City

Fort Worth

State

TX

Zip Code

76132-4428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141737

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Tilden Childs, III

Mailing Address 2421 Colonial Pkwy

City

Fort Worth

State

TX

Zip Code

76109-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant Co., P

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141774

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alex Chuang

Mailing Address 11514 Hillcrest Rd

City

Dallas

State

TX

Zip Code

75230-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141775

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Evan Cohn

Mailing Address 6457 Aberdeen Ave

City

Dallas

State

TX

Zip Code

75230-5105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141777

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Coker

Mailing Address 4006 Lost Hollow Court

City

Allen

State

TX

Zip Code

75002-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141778

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Matthew Comay

Mailing Address 3040 Bellaire Ranch Dr Apt 1226

City

Fort Worth

State

TX

Zip Code

76109-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology & Imaging of So-
uth Texas, LL

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141779

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jason Conrad

Mailing Address 1401 Norwegian Wood Ct

City

Mansfield

State

TX

Zip Code

76063-5480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141972

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paxton Daniel

Mailing Address 1815 Pennsylvania Ave.

City

Fort Worth

State

TX

Zip Code

76104-2056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141973

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. James David

Mailing Address 6609 Cherry Hills Dr

City

Fort Worth

State

TX

Zip Code

76132-4510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141974

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Diffley

Mailing Address 2211 Spanish Trl

City

Fort Worth

State

TX

Zip Code

76107-3579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41141976

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Dittman

Mailing Address 3510 Turtle Creek Blvd Apt 16C

City

Dallas

State

TX

Zip Code

75219-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41141977

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tuan Du

Mailing Address 1529 Briar Meadow Dr

City

Keller

State

TX

Zip Code

76248-8907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrus Baptist Medical
Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142081

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Allen Dyke

Mailing Address 3712 Autumn Dr

City

Fort Worth

State

TX

Zip Code

76109-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142082

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City

Dallas

State

TX

Zip Code

75254-8613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging & Inter-
ven specialists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1978.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142083

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Evans

Mailing Address 4616 Cardona Ct

City

Fort Worth

State

TX

Zip Code

76126-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142084

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Fenyes

Mailing Address 3110 Thomas Ave Apt 313

City

Dallas

State

TX

Zip Code

75204-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Southwestern
Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142085

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 166

(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jay Fierke

Mailing Address 4951 Riverbend Court

City

Fort Worth

State

TX

Zip Code

76109-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41142088

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. P Froberg

Mailing Address 7301 Vanguard Court

City

Colleyville

State

TX

Zip Code

76034-8800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41142089

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Fusselman

Mailing Address 815 Pennsylvania Ave.

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41142090

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Danny Garmer

Mailing Address 1636 Rio Vista Dr

City

Dallas

State

TX

Zip Code

75208-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc/Tarrant
County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142091

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Keila Garoutte

Mailing Address 6506 Desco Dr

City

Dallas

State

TX

Zip Code

75225-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142092

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. T Gerald Gates

Mailing Address 6851 Lahontan Dr

City

Fort Worth

State

TX

Zip Code

76132-5457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142093

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ronald Gerstle

Mailing Address 5101 Alaire Dr

City

Fort Worth

State

TX

Zip Code

76132-3757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Univ School of
Med-Ma

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142094

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Gloyna

Mailing Address 610 Portofino Dr

City

Arlington

State

TX

Zip Code

76012-2759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142095

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bernard Galino, JR

Mailing Address 6900 Oak Hill Dr

City

Fort Worth

State

TX

Zip Code

76132-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142096

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Granaghan

Mailing Address 2416 Colonial Pkwy

City

Fort Worth

State

TX

Zip Code

76109-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
County PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142097

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. William M. Gregory

Mailing Address 1604 Glade Rd

City

Colleyville

State

TX

Zip Code

76034-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142098

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph E. Hagman

Mailing Address 5920 Mahotea Boone Trl

City

Westlake

State

TX

Zip Code

76262-8003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor Med Ctr @ Grapevine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142099

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Katherine Hall

Mailing Address 5445 Caruth Haven Ln Apt 1223

City

Dallas

State

TX

Zip Code

75225-8158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142100

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Clint Hamilton

Mailing Address 7419 Mason Dells

City

Dallas

State

TX

Zip Code

75230-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142101

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Douglas Hammons

Mailing Address 815 Pennsylvania Ave

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142102

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael O'Conn Harding

Mailing Address 311 Dogwood Dr

City

Grapevine

State

TX

Zip Code

76051-3535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulane University Medical
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142104

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Craig Harr

Mailing Address 152 Crooked Creek Ln

City

Aledo

State

TX

Zip Code

76008-4582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142105

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hayden Head

Mailing Address 2020 Hillcrest St

City

Fort Worth

State

TX

Zip Code

76107-3962

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142106

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Healey, II

Mailing Address 3075 Bellaire Ranch Dr Apt 137

City

Fort Worth

State

TX

Zip Code

76109-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Assoc of Tarrant

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142107

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Horstman

Mailing Address 816 W Cannon St

City

Fort Worth

State

TX

Zip Code

76104-3146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center Radiologis-
ts, I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142108

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joshua Huff

Mailing Address 3012 Elm River Dr

City

Fort Worth

State

TX

Zip Code

76116-0697

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142109

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kim Iglesia

Mailing Address 3459 Lantern Hollow St

City

Fort Worth

State

TX

Zip Code

76109-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142153

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Luis Jancowski

Mailing Address 4251 Cedar Bluff Ln

City

Frisco

State

TX

Zip Code

75034-2666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142154

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hal Jayson

Mailing Address 6206 Lupton Dr

City

Dallas

State

TX

Zip Code

75225-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grapevine Radiology Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142155

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Jensen

Mailing Address 3325 Tanglewood Trail

City

Fort Worth

State

TX

Zip Code

76109-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142156

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Won Kim

Mailing Address 1630 Travis Circle South

City

Irving

State

TX

Zip Code

75038-6254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142201

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Matthew Kirby

Mailing Address 5416 Northmoor Dr

City

Dallas

State

TX

Zip Code

75229-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142202

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Kogan

Mailing Address 1305 Eagle Bend Dr

City

Southlake

State

TX

Zip Code

76092-9423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grapevine Radiology Assoc-
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142203

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Manish Kotecha

Mailing Address 222 W 4th St Apt 309

City

Fort Worth

State

TX

Zip Code

76102-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142204

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kristi Kuenstler

Mailing Address 118 Tyler Ct

City

Fort Worth

State

TX

Zip Code

76108-9202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor University Medical
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142206

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Duy Kuo

Mailing Address 6425 Elm Crest

City

Fort Worth

State

TX

Zip Code

76132-4302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142295

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Penny Labor

Mailing Address 614 Llano Ct

City

Southlake

State

TX

Zip Code

76092-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associated Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142296

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joe Lacy

Mailing Address 4112 Sarita Drive

City

Fort Worth

State

TX

Zip Code

76109-4742

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142297

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Tom Livingston

Mailing Address 117 Rivercrest Drive

City

Fort Worth

State

TX

Zip Code

76107-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142298

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephen Lobo

Mailing Address PO Box 100726

City

Fort Worth

State

TX

Zip Code

76185-0726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142299

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Cynthia Long

Mailing Address 1625 Wicklow Ln

City

Keller

State

TX

Zip Code

76262-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41142521

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Lowry

Mailing Address 1208 Mistletoe Dr

City

Fort Worth

State

TX

Zip Code

76110-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
North Texas

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142522

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lisa Martinez

Mailing Address 4331 Potomac Ave

City

Dallas

State

TX

Zip Code

75205-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142523

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Michael McAuley

Mailing Address 3609 Middlewood Dr

City

Fort Worth

State

TX

Zip Code

76109-4856

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142524

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael McCrary

Mailing Address 3142 Westcliff Rd W

City

Ft Worth

State

TX

Zip Code

76109-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41142525

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rudolph Miller, III

Mailing Address 4061 Meadowdale Ln

City

Dallas

State

TX

Zip Code

75229-5316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143021

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jon Miller

Mailing Address 2413 Southern Hills Ct

City

Keller

State

TX

Zip Code

76248-0266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143022

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Curtis Mitchell

Mailing Address 9350 Marbella Drive

City

Fort Worth

State

TX

Zip Code

76126-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143023

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Qian Oliver

Mailing Address 708 Anneslie Rd

City

Baltimore

State

MD

Zip Code

21212-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143024

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel Oshman

Mailing Address 6309 Troon Rd

City

Fort Worth

State

TX

Zip Code

76132-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143025

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Pak

Mailing Address 6708 Eagle Point Ct

City

Plano

State

TX

Zip Code

75024-7450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143027

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lincoln Patel

Mailing Address 816 W Cannon St

City

Fort Worth

State

TX

Zip Code

76104-3146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Southwestern
Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143028

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Phelps

Mailing Address 6420 Fianna Hills Dr

City

Fort Worth

State

TX

Zip Code

76132-4481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott & White Mem Hosp Cl-
in

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143029

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Martin Pilat

Mailing Address 101 Meadowlark Lane

City

Southlake

State

TX

Zip Code

76092-5806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143030

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter Prokell

Mailing Address 1201 Steeple Chase Ct

City

Aledo

State

TX

Zip Code

76008-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of TX Southwestern
Med Ctr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143031

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Pummill

Mailing Address 3308 Channing Ln

City

Bedford

State

TX

Zip Code

76021-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143033

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Barry Putegnat

Mailing Address 4313 Woodwick Ct

City

Fort Worth

State

TX

Zip Code

76109-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143034

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Queralt

Mailing Address 815 Pennsylvania Ave.

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143035

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Reeb, JR

Mailing Address 815 Pennsylvania Ave.

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143036

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. William Reese

Mailing Address 3716 Lenox Dr

City

Ft Worth

State

TX

Zip Code

76107-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of New Mexico Sch of
Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143037

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Roberts

Mailing Address 4009 Edgehill Rd

City

Fort Worth

State

TX

Zip Code

76116-7324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143039

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Robinson

Mailing Address 4909 Ranch View Rd

City

Fort Worth

State

TX

Zip Code

76109-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143040

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Rogers

Mailing Address 409 Remuda Dr

City

Fort Worth

State

TX

Zip Code

76108-9574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143041

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Ruhnke, JR

Mailing Address 2609 Rutgers Ct

City

Plano

State

TX

Zip Code

75093-8700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143042

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Schmid, JR

Mailing Address 815 Pennsylvania Ave

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143043

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph Schniederjan

Mailing Address 3954 Sarita Park

City

Fort Worth

State

TX

Zip Code

76109-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143045

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Schultz

Mailing Address 4428 Overton Crest St

City

Fort Worth

State

TX

Zip Code

76109-2521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143046

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Spencer Smith

Mailing Address 3400 Overton Park Dr W

City

Fort Worth

State

TX

Zip Code

76109-2504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Diagnostic Radiologist

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143047

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Todora

Mailing Address 4205 Shadow Dr

City

Fort Worth

State

TX

Zip Code

76116-8168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Univ School of
Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143048

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Barry Watts

Mailing Address 815 Pennsylvania Ave

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143049

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Watts

Mailing Address 6004 Laurel Valley Ct

City

Fort Worth

State

TX

Zip Code

76132-4465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143052

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Wenzel

Mailing Address 6524 Westgate Dr

City

Dallas

State

TX

Zip Code

75254-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwest Imaging and Int-
erventional S

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143053

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Wise

Mailing Address 1612 McGreg Ln

City

Carrollton

State

TX

Zip Code

75010-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143054

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Wood, JR

Mailing Address 1400 Washington Terrace

City

Fort Worth

State

TX

Zip Code

76107-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143055

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Forest Woomer

Mailing Address 2201 Yeargain Ct

City

Southlake

State

TX

Zip Code

76092-5553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor Medical Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143056

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Yaquinto

Mailing Address 6 Courtney Ct

City

Arlington

State

TX

Zip Code

76015-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143153

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Zi Yin

Mailing Address 5407 Montclair Dr

City

Colleyville

State

TX

Zip Code

76034-5026

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA School of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143154

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Yount

Mailing Address 2104 Virginia Pl

City

Plano

State

TX

Zip Code

75094-3859

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Southwestern MRI Flwshp
Prog

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143155

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shalini Agarwal

Mailing Address 3518 E Nacona Ln

City

Phoenix

State

AZ

Zip Code

85050-5498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143156

Amount of Each Receipt this Period

100.02

C.

Full Name (Last, First, Middle Initial)

Dr. Ayad Agha

Mailing Address 4724 E White Dr

City

Paradise Valley

State

AZ

Zip Code

85253-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143157

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional)

700.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Arthur Clark

Mailing Address 6323 E Gold Dust Ave

City

Scottsdale

State

AZ

Zip Code

85253-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143159

Amount of Each Receipt this Period

100.02

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Coltvret

Mailing Address 5507 E Royal Palm Rd

City

Paradise Valley

State

AZ

Zip Code

85253-2536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143160

Amount of Each Receipt this Period

100.02

C.

Full Name (Last, First, Middle Initial)

Dr. Claude Frey

Mailing Address 8213 E Del Cristal Dr

City

Scottsdale

State

AZ

Zip Code

85258-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143161

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional)

300.06

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Dina Gabaeff

Mailing Address 5219 E. Cortez Dr.

City

Scottsdale

State

AZ

Zip Code

85254-4729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143162

Amount of Each Receipt this Period

100.02

B.

Full Name (Last, First, Middle Initial)

Dr. Melissa Gurley

Mailing Address 3730 E Mission Ln

City

Phoenix

State

AZ

Zip Code

85028-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143163

Amount of Each Receipt this Period

100.02

C.

Full Name (Last, First, Middle Initial)

Dr. Delon N. Hebron

Mailing Address 18028 W Narramore Rd

City

Goodyear

State

AZ

Zip Code

85338-5053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143187

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional)

300.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kenneth Hofstetter

Mailing Address 4338 E Keim Dr

City

Scottsdale

State

AZ

Zip Code

85253-3913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2011

Transaction ID: 41143188

Amount of Each Receipt this Period

100.02

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Kline

Mailing Address 11964 N 135th Way

City

Scottsdale

State

AZ

Zip Code

85259-3655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2011

Transaction ID: 41143189

Amount of Each Receipt this Period

100.02

C.

Full Name (Last, First, Middle Initial)

Dr. Philippe Lanauze

Mailing Address 9484 E Calle De Las Brisas

City

Scottsdale

State

AZ

Zip Code

85255-4339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2011

Transaction ID: 41143190

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional)

300.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Lewis

Mailing Address 4416 E Mockingbird Ln

City

Paradise Valley

State

AZ

Zip Code

85253-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143191

Amount of Each Receipt this Period

100.02

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur Radow

Mailing Address 7111 N Desert Fairways Dr

City

Paradise Valley

State

AZ

Zip Code

85253-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143220

Amount of Each Receipt this Period

100.02

C.

Full Name (Last, First, Middle Initial)

Dr. Michael Rosellini

Mailing Address 15656 N 111th Pl

City

Scottsdale

State

AZ

Zip Code

85255-8874

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Arizona

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143221

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional)

300.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 83 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. J Paul Rubin

Mailing Address 11209 N. Tatum Blvd.
Suite B110

City State Zip Code
Phoenix AZ 85028-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143222

Amount of Each Receipt this Period

100.02

B.

Full Name (Last, First, Middle Initial)

Dr. Todd Steinberg

Mailing Address 12428 N 136th PL

City State Zip Code
Scottsdale AZ 85259-2310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143223

Amount of Each Receipt this Period

100.02

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Vens

Mailing Address 4112 E Lonesome Trl

City State Zip Code
Cave Creek AZ 85331-4546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143224

Amount of Each Receipt this Period

100.02

SUBTOTAL of Receipts This Page (optional)

300.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Traci Yanke

Mailing Address 11965 E Calle De Valle

City

Scottsdale

State

AZ

Zip Code

85255-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143278

Amount of Each Receipt this Period

100.02

B.

Full Name (Last, First, Middle Initial)

Dr. James Jelinek

Mailing Address 7202 Elizabeth Dr

City

Washington

State

DC

Zip Code

20010-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143279

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Dr. Holly Burge

Mailing Address 14248 Wyndfield Circle

City

Raleigh

State

NC

Zip Code

27615-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143281

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

265.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. George Coates

Mailing Address Wake radiology Consultants
PO Box 19368

City Raleigh State NC Zip Code 27619-9368

FEC ID number of contributing federal political committee.

C

Name of Employer
Wake Radiology & Consultants

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2011

Transaction ID: 41143282

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Karen Coates

Mailing Address 106 Baybrook Ct

City Cary State NC Zip Code 27518-9422

FEC ID number of contributing federal political committee.

C

Name of Employer
Wake Radiology Consultants, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2011

Transaction ID: 41143294

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Cornett

Mailing Address 113 Arrowstone Ct

City Morrisville State NC Zip Code 27560-6977

FEC ID number of contributing federal political committee.

C

Name of Employer
Wake Radiology Consultants, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2011

Transaction ID: 41143296

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 166

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Alan Fein

Mailing Address 652 Pendleton Lake Road

City

Raleigh

State

NC

Zip Code

27614-9093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Diagnostic Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143297

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Haugan

Mailing Address 3021 Cranesbill Dr

City

Raleigh

State

NC

Zip Code

27613-6579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143299

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lyndon Jordan, III

Mailing Address 2301 White Oak Rd

City

Raleigh

State

NC

Zip Code

27608-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143300

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Susan Kennedy

Mailing Address 1709 Knox Rd

City

Raleigh

State

NC

Zip Code

27608-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143301

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Peter Leuchtmann

Mailing Address 131 Magnolia Breeze Ct

City

Apex

State

NC

Zip Code

27502-3790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143303

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Ling

Mailing Address 901 Westwood Drive

City

Raleigh

State

NC

Zip Code

27607-3155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143309

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Matzko

Mailing Address 7531 Wellesley Park S

City

Raleigh

State

NC

Zip Code

27615-5714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143310

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Max

Mailing Address 113 Baybrook Ct

City

Cary

State

NC

Zip Code

27518-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143311

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joseph Melamed

Mailing Address 220 Gilliam St

City

Oxford

State

NC

Zip Code

27565-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	1

Transaction ID: 41143312

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Carroll Overton

Mailing Address 1709 Knox Rd

City

Raleigh

State

NC

Zip Code

27608-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143315

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Charles Pope

Mailing Address 1408 Olive Chapel Road

City

Apex

State

NC

Zip Code

27502-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143316

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Philip Pretter

Mailing Address 12325 Camberwell Ct

City

Raleigh

State

NC

Zip Code

27614-8933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143318

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Ross

Mailing Address 2901 Fairview Rd

City

Raleigh

State

NC

Zip Code

27608-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143319

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Philip Saba

Mailing Address 1017 Heyden Ct

City

Raleigh

State

NC

Zip Code

27614-7250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143320

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Schaaf

Mailing Address PO Box 19366

City

Raleigh

State

NC

Zip Code

27619-9366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143321

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Spargo

Mailing Address Wake Radiology
3949 Browning Pl

City Raleigh State NC Zip Code 27609-6536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultant-
s, P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143322

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Vanarthos

Mailing Address 104 Sedgemoor Dr

City Cary State NC Zip Code 27513-5592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants
P.A.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143323

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Way, JR

Mailing Address 7713 Oakmont Pl

City Raleigh State NC Zip Code 27615-5492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143324

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Wu

Mailing Address 8729 Valentine Ct

City

Raleigh

State

NC

Zip Code

27615-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143327

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City

Staten Island

State

NY

Zip Code

10304-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143333

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143334

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143335

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143336

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10075-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143337

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143338

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143339

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143340

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143341

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143342

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143343

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 96 / 166

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City

New York

State

NY

Zip Code

10023-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143344

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address 250 E 87th St Apt 23B

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143345

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143346

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Regina Chu

Mailing Address 15 Ogle Rd

City

Old Tappan

State

NJ

Zip Code

07675-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143347

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143348

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143349

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143350

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143351

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143352

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City

Tenafly

State

NJ

Zip Code

07670-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143353

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 334 W 86th St Apt 4C

City

New York

State

NY

Zip Code

10024-3157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143354

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address 754 Drayton Pl

City

Rivervale

State

NJ

Zip Code

07675-6116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41143355

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 80 Riverside Blvd
Apt 14PCity State Zip Code
New York NY 10069-0314FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology GroupOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143356

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Brad Ebel

Mailing Address 423 Leamington Ln

City State Zip Code
Macon GA 31220-7623FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Macon, P.C.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143740

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Richard Satre

Mailing Address 905 1st St S

City State Zip Code
Kirkland WA 98033-6528FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates, P.A.Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	9	/	2	0	1	1

Transaction ID: 41143842

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

519.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kathleen McCarroll

Mailing Address 1190 Copperwood Drive

City

Bloomfield Hills

State

MI

Zip Code

48302-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41144230

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mark Kraemer

Mailing Address 2811 Tuscany Cir

City

Shreveport

State

LA

Zip Code

71106-8415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Imaging Associates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 1

Transaction ID: 41144768

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Pamela O'Neill

Mailing Address 815 Pennsylvania Ave.

City

Fort Worth

State

TX

Zip Code

76104-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Diagnostic Radiologist

Occupation

Radiology Associates of Tarrant County

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41148540

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sanjay Mudigonda

Mailing Address 20 Beecher Pl

City

Newton Center

State

MA

Zip Code

02459-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newton Wellesley Radiology
Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163547

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Moran

Mailing Address 507 Dorset Rd

City

Devon

State

PA

Zip Code

19333-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Reading Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163983

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Alexander

Mailing Address 568 Mountain View Ln NW

City

Issaquah

State

WA

Zip Code

98027-5652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163985

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Larry Anderson

Mailing Address 3822 Colby Ave

City

Everett

State

WA

Zip Code

98201-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163986

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joseph DeMartini

Mailing Address PO Box 85398

City

Seattle

State

WA

Zip Code

98145-1398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163987

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Virginia Eschbach

Mailing Address 2410 141st PI SE

City

Mill Creek

State

WA

Zip Code

98012-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163988

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 104 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Yiu-Kai Aaron Fu

Mailing Address 13028 7th Ave NW

City

Seattle

State

WA

Zip Code

98177-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.84

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163989

Amount of Each Receipt this Period

400.08

B.

Full Name (Last, First, Middle Initial)

Dr. Ben Harmon

Mailing Address 728 134th Street, S.W.
Suite 120

City

Everett

State

WA

Zip Code

98204-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.85

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163990

Amount of Each Receipt this Period

272.70

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Hawkins

Mailing Address 501 Anthes Ave

City

Langley

State

WA

Zip Code

98260-9700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163991

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

972.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Bart Keogh

Mailing Address 232 Belmont Ave E Apt 606

City

Seattle

State

WA

Zip Code

98102-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163992

Amount of Each Receipt this Period

1153.86

B.

Full Name (Last, First, Middle Initial)

Dr. David Marlow

Mailing Address 7821 115th PI NE

City

Kirkland

State

WA

Zip Code

98033-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163993

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Mayhle

Mailing Address 907 14th Ave E

City

Seattle

State

WA

Zip Code

98112-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41163994

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

1633.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 106 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mohammed Quraishi

Mailing Address 4385 Mason St

City

Omaha

State

WA

Zip Code

98033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164052

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Vanderheiden

Mailing Address 10501 NE 114th Ln

City

Kirkland

State

WA

Zip Code

98033-4426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radia, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164053

Amount of Each Receipt this Period

234.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen I. Abedon

Mailing Address 64 Elmgrove Ave

City

Providence

State

RI

Zip Code

02906-4135

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164054

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

509.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Diana Baker

Mailing Address 335 Ambar Way

City

Menlo Park

State

CA

Zip Code

94025-5801

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164055

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Edward Baker

Mailing Address California Pacific Med Ctr
PO Box 7999

City

San Francisco

State

CA

Zip Code

94120-7999

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164056

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Lisa O. Ballehr

Mailing Address 8912 E Pinnacle Park Rd Apt 225

City

Scottsdale

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western Pennsylvania Hosp-
ital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164057

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kelly Broderick

Mailing Address 7 Woodridge Ct

City

Redwood City

State

CA

Zip Code

94061-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng, M.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164058

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Derek Burdeny

Mailing Address 1509 S 182nd Cir

City

Omaha

State

NE

Zip Code

68130-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Medical Imaging
Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164059

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Vincent Burke

Mailing Address 124 Warren Road

City

San Mateo

State

CA

Zip Code

94401-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164060

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Vida Campbell

Mailing Address 2539 Vallejo St

City

San Francisco

State

CA

Zip Code

94123-4640

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164061

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jana Crain

Mailing Address 863 Corriente Point Dr

City

Redwood City

State

CA

Zip Code

94065-1284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of AR Medical Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164063

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. W James DeMartini

Mailing Address 126 Terrace Ave

City

Kentfield

State

CA

Zip Code

94904-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164064

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Susan Denny

Mailing Address 402 Median Way

City

Mill Valley

State

CA

Zip Code

94941-3561

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164065

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Farquhar

Mailing Address 2065 Greenwood Ave

City

San Carlos

State

CA

Zip Code

94070-4685

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164066

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Russell Fritz

Mailing Address 487 Green Glen Way

City

Mill Valley

State

CA

Zip Code

94941-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164067

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Betsy A. Holland

Mailing Address 84 Platt Ave

City

Sausalito

State

CA

Zip Code

94965-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ngOccupation
Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164068

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Hollett

Mailing Address 817 Lathrop Dr

City

Stanford

State

CA

Zip Code

94305-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng AssociatesOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164069

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brian Johnson

Mailing Address 850 Chiltern Rd

City

Hillsborough

State

CA

Zip Code

94010-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ngOccupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164070

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jay Kaiser

Mailing Address 24 Forrest Ct

City

San Anselmo

State

CA

Zip Code

94960-1179

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164071

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ralph Koenker

Mailing Address 14 Meadow Ridge

City

Corte Madera

State

CA

Zip Code

94925-2074

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164072

Amount of Each Receipt this Period

255.00

C.

Full Name (Last, First, Middle Initial)

Dr. Arthur Li

Mailing Address 4152 Willmar Dr

City

Palo Alto

State

CA

Zip Code

94306-3835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins Hosp-Johns
Hopkins

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164073

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Lim

Mailing Address 1552 Los Montes Dr

City

Burlingame

State

CA

Zip Code

94010-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164074

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Jay Mall

Mailing Address 233 Franklin St Apt 506

City

San Francisco

State

CA

Zip Code

94102-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164075

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Marcus

Mailing Address 503 Georgetown Ave

City

San Mateo

State

CA

Zip Code

94402-2253

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164076

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kathleen McKenna

Mailing Address 154 Gramercy Dr

City

San Mateo

State

CA

Zip Code

94402-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164077

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Catherine Mills

Mailing Address 465 Ridge Rd

City

Tiburon

State

CA

Zip Code

94920-1814

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164078

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kirk Moon, JR

Mailing Address 1642 16th Ave

City

San Francisco

State

CA

Zip Code

94122-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164079

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Adam Nevitt

Mailing Address 248 Granada Dr

City

Corte Madera

State

CA

Zip Code

94925-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164080

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Dennis Orwig

Mailing Address 25 Wolfe Glen Way

City

Kentfield

State

CA

Zip Code

94904-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164081

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Allen Oshita

Mailing Address California Pacific Medical Ctr
PO Box 7999

City

San Francisco

State

CA

Zip Code

94120-7999

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164082

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jean-Pierre Phancao

Mailing Address 681 Arguello Blvd Apt 5

City

San Francisco

State

CA

Zip Code

94118-4037

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164083

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Damon Sacco

Mailing Address PO Box 895

City

Sausalito

State

CA

Zip Code

94966-0895

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164084

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Schrupf

Mailing Address 61 Chanticleer St

City

Larkspur

State

CA

Zip Code

94939-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164085

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Eric Smith

Mailing Address 678 6th Ave

City

San Francisco

State

CA

Zip Code

94118-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng Medical As

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 41164086

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Stephenson

Mailing Address 815 Vista Rd

City

Hillsborough

State

CA

Zip Code

94010-6965

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 41164087

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Susan Stevens

Mailing Address 1040 Bridle Way

City

Hillsborough

State

CA

Zip Code

94010-7406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cal Advanced Imaging Med.
Assoc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 41164088

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Richard Wheat

Mailing Address Sequoia Hospital

170 Alameda De Las Pulgas

City

State

Zip Code

Redwood City

CA

94062-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164089

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Wilson, JR

Mailing Address 15 Arcadia Pl

City

State

Zip Code

Hillsborough

CA

94010-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164090

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Dr. Christopher Yoo

Mailing Address 180 Manchester St

City

State

Zip Code

San Francisco

CA

94110-5217

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Advanced Imagi-
ng

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164091

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Steven Addonizio

Mailing Address 5203 Rio Vista Ln

City

Knoxville

State

TN

Zip Code

37919-8988

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164092

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sheri Armstrong

Mailing Address 4355 E Waiola Loop

City

Kihei

State

HI

Zip Code

96753-8499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.71

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164093

Amount of Each Receipt this Period

216.71

C.

Full Name (Last, First, Middle Initial)

Dr. Guy Barat

Mailing Address PO Box 10627

City

Knoxville

State

TN

Zip Code

37939-0627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164094

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

716.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Brent Barrow

Mailing Address 3166 Grassy Cove Ln

City

Ooltewah

State

TN

Zip Code

37363-6983

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164095

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Sam Bilyeu

Mailing Address 1315 County Rd 415

City

Killen

State

AL

Zip Code

35645-7744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164096

Amount of Each Receipt this Period

270.79

C.

Full Name (Last, First, Middle Initial)

Dr. Hugh DeLozier

Mailing Address 8936 Hemingway Grove Cir

City

Knoxville

State

TN

Zip Code

37922-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164098

Amount of Each Receipt this Period

270.79

SUBTOTAL of Receipts This Page (optional)

791.58

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Peter Emanuel

Mailing Address 117 Amanda Pl

City

Oak Ridge

State

TN

Zip Code

37830-7814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164099

Amount of Each Receipt this Period

270.79

B.

Full Name (Last, First, Middle Initial)

Dr. Samuel Feaster

Mailing Address 630 Cherokee Blvd

City

Knoxville

State

TN

Zip Code

37919-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164100

Amount of Each Receipt this Period

282.62

C.

Full Name (Last, First, Middle Initial)

Dr. David Forsberg

Mailing Address 6604 Sherwood Dr

City

Knoxville

State

TN

Zip Code

37919-7422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164101

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

803.41

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Garth Graham

Mailing Address 645 Cheowa Cir

City

Knoxville

State

TN

Zip Code

37919-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164102

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Daryl Harp

Mailing Address 3911 Jackson Bend Dr

City

Louisville

State

TN

Zip Code

37777-3789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164103

Amount of Each Receipt this Period

270.79

C.

Full Name (Last, First, Middle Initial)

Dr. William Holmes

Mailing Address 412 Kittredge Ct

City

Knoxville

State

TN

Zip Code

37934-2430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164104

Amount of Each Receipt this Period

270.79

SUBTOTAL of Receipts This Page (optional)

791.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Glenn Jung

Mailing Address 3636 Captains Way

City

Knoxville

State

TN

Zip Code

37922-9411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164105

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Monica Kessi

Mailing Address 86 Kulipuu St

City

Knoxville

State

TN

Zip Code

37916-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164106

Amount of Each Receipt this Period

270.79

C.

Full Name (Last, First, Middle Initial)

Dr. Philip Manzanero

Mailing Address 88 Piikoi St Apt 2807

City

Honolulu

State

HI

Zip Code

96814-4281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164107

Amount of Each Receipt this Period

270.79

SUBTOTAL of Receipts This Page (optional)

791.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Frederick McLean

Mailing Address 12 Palisades Pky

City

Oak Ridge

State

TN

Zip Code

37830-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164108

Amount of Each Receipt this Period

270.79

B.

Full Name (Last, First, Middle Initial)

Dr. Clifford Meservy

Mailing Address 1412 Kensington Drive

City

Knoxville

State

TN

Zip Code

37922-6038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164109

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Hejung Press

Mailing Address 12906 Long Ridge Rd

City

Knoxville

State

TN

Zip Code

37934-7419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164110

Amount of Each Receipt this Period

270.79

SUBTOTAL of Receipts This Page (optional)

791.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Sidney Roberts, III

Mailing Address 2408 Houser Rd

City

Knoxville

State

TN

Zip Code

37919-9324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164111

Amount of Each Receipt this Period

270.79

B.

Full Name (Last, First, Middle Initial)

Dr. Gayle Roulier

Mailing Address 10100 Grande Shores Way

City

Knoxville

State

TN

Zip Code

37922-7236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164112

Amount of Each Receipt this Period

270.79

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Santee

Mailing Address 603 Rumblewood Ln

City

Seymour

State

TN

Zip Code

37865-5564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164113

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

791.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Williams, III

Mailing Address 1500 Halesworth Ln

City

Knoxville

State

TN

Zip Code

37922-8561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164115

Amount of Each Receipt this Period

270.79

B.

Full Name (Last, First, Middle Initial)

Dr. Keith Woodward

Mailing Address 3861 Dellwood Dr

City

Knoxville

State

TN

Zip Code

37919-6634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164116

Amount of Each Receipt this Period

270.79

C.

Full Name (Last, First, Middle Initial)

Dr. Donovan Yamada

Mailing Address 3057 Twisted Twig Ln

City

Apison

State

TN

Zip Code

37302-7574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Radiology, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164118

Amount of Each Receipt this Period

270.79

SUBTOTAL of Receipts This Page (optional)

812.37

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Peter Vincen Berardo

Mailing Address 3 Carriage Hls

City

San Antonio

State

TX

Zip Code

78257-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
San Antonio, P

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 41164119

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Dix

Mailing Address 113 Bobcat Bnd

City

Shavano Park

State

TX

Zip Code

78231-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 41164120

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Harvey Goldstein

Mailing Address 31 Westelm Cir

City

San Antonio

State

TX

Zip Code

78230-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	1

Transaction ID: 41164121

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Michael Granato

Mailing Address 1708 Winding Vw

City

San Antonio

State

TX

Zip Code

78260-7219

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164122

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Gerald Growcock

Mailing Address 128 Turnberry Way

City

San Antonio

State

TX

Zip Code

78230-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164124

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Hendrick

Mailing Address 19415 Mill Oak

City

San Antonio

State

TX

Zip Code

78258-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 41164125

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Amit Mehta

Mailing Address 811 Garraty Hill

City

San Antonio

State

TX

Zip Code

78209-2859

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164126

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Barry Menick

Mailing Address 333 Elizabeth Rd

City

San Antonio

State

TX

Zip Code

78209-5960

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164127

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Pavan Narra

Mailing Address 19 E Springfield St Apt 2

City

Boston

State

TX

Zip Code

78209-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164129

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Ashwin Shetty

Mailing Address 120 Auburn Place

City

San Antonio

State

TX

Zip Code

78209-4722

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164130

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Benjamin Tubb

Mailing Address 215 Abiso Ave

City

San Antonio

State

TX

Zip Code

78209-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Tarrant County

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164131

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Vasquez

Mailing Address 7 Aspen Creek Dr

City

San Antonio

State

TX

Zip Code

78248-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164132

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Garry Simons, III

Mailing Address 726 Latrobe Way

City

Macon

State

GA

Zip Code

31220-7622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Macon

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164513

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Nelson

Mailing Address 306 S 96th St

City

Omaha

State

NE

Zip Code

68114-3830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 1

Transaction ID: 41164556

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Neils

Mailing Address 904 Squire Oaks Dr

City

Villa Hills

State

KY

Zip Code

41017-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
N KY

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 1

Transaction ID: 41169748

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kremer Nicholas

Mailing Address 317 Oak Shrs

City

Hot Springs

State

AR

Zip Code

71913-8199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hot Springs Radiology, Lt-
d.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 1 1

Transaction ID: 41169750

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Russo

Mailing Address 2660 Main St.
Suite 216

City

Bridgeport

State

CT

Zip Code

06606-5301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert D. Russo, M.D. &
Assoc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41170735

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Oliver, JR

Mailing Address 155 Providence Blvd

City

Macon

State

GA

Zip Code

31210-7563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Macon

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41298954

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Padma Anne

Mailing Address 4105 Belle Pointe Dr

City

Nacogdoches

State

TX

Zip Code

75965-6550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Nacogdoches

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 41467717

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Philip Saba

Mailing Address 1017 Heyden Ct

City

Raleigh

State

NC

Zip Code

27614-7250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Radiology Consultants

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 1

Transaction ID: 41467720

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Herrington

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Radiology Associat-
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41467876

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)

1225.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Danielson

Mailing Address 6105 Shadowbrook Dr

City

Bettendorf

State

IA

Zip Code

52722-6567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Group, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41467880

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Dr. Leonard Zawodniak

Mailing Address 1439 Garrett Dr

City

Wall Township

State

NJ

Zip Code

07719-9648

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jersey Shore Radiology As-
sociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468576

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Dr. Howard Bear

Mailing Address 4931 Pearlman Way

City

San Diego

State

CA

Zip Code

92130-2789

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Diego Imaging Medical
Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468580

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Geraldine McGinty

Mailing Address 131 Avenue B Apt 3C

City

New York

State

NY

Zip Code

10009-5029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Imaging Center

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468623

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Lonnie Simmons

Mailing Address 5222 Brackenwood Ct

City

La Crosse

State

WI

Zip Code

54601-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gundersen Lutheran Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468624

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Dr. James Webb

Mailing Address 9132 E 101st Pl

City

Tulsa

State

OK

Zip Code

74133-6912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Oklahoma Health
Sci Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468626

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

433.34

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Jugesh Cheema

Mailing Address 2466 Oak Bend Pl

City

Newburgh

State

IN

Zip Code

47630-8053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Delaware

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468627

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City

Middleton

State

WI

Zip Code

53562-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.94

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468628

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Dr. William Ray

Mailing Address 1907 Redbud Lane

City

Bloomington

State

IL

Zip Code

61704-2773

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bloomington Radiology SC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468629

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

205.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Deborah Agisim

Mailing Address 5600 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468631

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Brannon

Mailing Address 7 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468633

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. James Rawson

Mailing Address 3977 Cheyene Trl

City

Martinez

State

GA

Zip Code

30907-5113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Georgia

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468635

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

165.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City

Monroe

State

NC

Zip Code

28110-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468638

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Rogers

Mailing Address 802 West Gap Creek Road

City

Greer

State

SC

Zip Code

29651-5065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468639

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Alfred Mansour, JR

Mailing Address 2400 Horseshoe Dr

City

Alexandria

State

LA

Zip Code

71301-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central LA Imaging Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468641

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

167.34

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Gregory Galdino

Mailing Address 9 Applestone Dr

City

Jackson

State

TN

Zip Code

38305-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.01

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468643

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr. W Shawn Conwell

Mailing Address 293 Piney Bluff Rd

City

Rembert

State

SC

Zip Code

29128-9630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pitts Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468644

Amount of Each Receipt this Period

625.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Wittry

Mailing Address 10525 Concord School Rd

City

Saint Louis

State

MO

Zip Code

63128-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer
West County Radiological
Group, Inc.

Occupation

Cardiac Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468646

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. James Bezreh

Mailing Address 315 Harris Ave

City

Needham

State

MA

Zip Code

02492-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468647

Amount of Each Receipt this Period

111.12

B.

Full Name (Last, First, Middle Initial)

Dr. Elsie Cintron

Mailing Address Urb San Francisco
125 Aleli St

City

San Juan

State

PR

Zip Code

00927-6306

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAMC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468650

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. Martin Schwartz

Mailing Address 5540 Havenhill Rd

City

Irondale

State

AL

Zip Code

35210-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Birmingham, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468652

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

311.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Amy Kirby

Mailing Address 14708 Hollyhock Dr

City

Oklahoma City

State

OK

Zip Code

73142-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Eye Imaging

Occupation

Radiology Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 1 1

Transaction ID: 41468654

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven Harlan

Mailing Address 18 13th Ave., N.E.

City

Hickory

State

NC

Zip Code

28601-3748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41469998

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. William Thorwarth, JR

Mailing Address 996 18th Avenue Cir NW

City

Hickory

State

NC

Zip Code

28601-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41469999

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Nicholas Frankel

Mailing Address PO Box 9470

City

Hickory

State

NC

Zip Code

28603-9470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41470000

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Bools

Mailing Address 3157 Laurel Ridge Rd NW

City

Hickory

State

NC

Zip Code

28601-9049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41470001

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Charles Scheil

Mailing Address 281 44th Avenue Cir NW

City

Hickory

State

NC

Zip Code

28601-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41470002

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Alan Massengill

Mailing Address Catawba Radiological Assoc
PO Box 308

City State Zip Code
Hickory NC 28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41470003

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Jacobs

Mailing Address 3818 11th Street PI NE

City State Zip Code
Hickory NC 28601-8420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41470004

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Eric Rautiola

Mailing Address 821 8th St NW

City State Zip Code
Hickory NC 28601-3541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates, Inc.

Occupation
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41470005

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Keith Harper

Mailing Address 602 46th Ave Dr NE

City

Hickory

State

NC

Zip Code

28601-7318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	1

Transaction ID: 41470006

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Knox Tate

Mailing Address 809 8th Ave NW

City

Hickory

State

NC

Zip Code

28601-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	1

Transaction ID: 41470007

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen Farris

Mailing Address 3996 2nd Street Dr NW

City

Hickory

State

NC

Zip Code

28601-8092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiology Associa-
tes

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	1

Transaction ID: 41470008

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Booker, JR

Mailing Address PO Box 308

City

Hickory

State

NC

Zip Code

28603-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catawba Radiological Asso-
ciates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 41470010

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Duwe

Mailing Address 8606 E San Lucas Dr

City

Scottsdale

State

AZ

Zip Code

85258-2584

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669948

Amount of Each Receipt this Period

760.00

C.

Full Name (Last, First, Middle Initial)

Dr. Craig Hancock

Mailing Address 1125 E. Southern Ave.
Suite 300

City

Mesa

State

AZ

Zip Code

85204-5046

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669949

Amount of Each Receipt this Period

760.00

SUBTOTAL of Receipts This Page (optional)

1670.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Stephen Hu

Mailing Address 12886 E Desert Trl

City

Scottsdale

State

AZ

Zip Code

85259-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669950

Amount of Each Receipt this Period

760.00

B.

Full Name (Last, First, Middle Initial)

Dr. William Jacoby

Mailing Address 700 N Dobson Rd Unit 35

City

Chandler

State

AZ

Zip Code

85224-6940

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669951

Amount of Each Receipt this Period

950.00

C.

Full Name (Last, First, Middle Initial)

Dr. L Michelle Jennings

Mailing Address 2661 W Erie St

City

Chandler

State

AZ

Zip Code

85224-4153

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669952

Amount of Each Receipt this Period

570.00

SUBTOTAL of Receipts This Page (optional)

2280.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Asim Khwaja

Mailing Address 172 N Pineview Dr

City

Chandler

State

AZ

Zip Code

85226-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669953

Amount of Each Receipt this Period

320.00

B.

Full Name (Last, First, Middle Initial)

Dr. James Lyons

Mailing Address 10719 E Butherus Dr

City

Scottsdale

State

AZ

Zip Code

85255-8588

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669954

Amount of Each Receipt this Period

760.00

C.

Full Name (Last, First, Middle Initial)

Dr. Mark Madsen

Mailing Address 9770 E Mission Ln

City

Scottsdale

State

AZ

Zip Code

85258-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669955

Amount of Each Receipt this Period

760.00

SUBTOTAL of Receipts This Page (optional)

1840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John McGill

Mailing Address 9318 E Flathorn Dr

City

Scottsdale

State

AZ

Zip Code

85255-6607

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669956

Amount of Each Receipt this Period

760.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joel Rainwater

Mailing Address 9820 E Thompson Peak Pkwy Unit 828

City

Scottsdale

State

AZ

Zip Code

85255-6663

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669957

Amount of Each Receipt this Period

760.00

C.

Full Name (Last, First, Middle Initial)

Dr. Brent Saunders

Mailing Address 4613 E Glade Cir

City

Mesa

State

AZ

Zip Code

85206-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669958

Amount of Each Receipt this Period

580.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Schein

Mailing Address 10348 N 96th PI

City

Scottsdale

State

AZ

Zip Code

85258-4775

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669959

Amount of Each Receipt this Period

760.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mari Schenk

Mailing Address 15114 E Ridgeway Dr

City

Fountain Hills

State

AZ

Zip Code

85268-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669960

Amount of Each Receipt this Period

950.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marvin Silvey

Mailing Address 1125 E. Southern Ave.
Suite 300

City

Mesa

State

AZ

Zip Code

85204-5046

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669961

Amount of Each Receipt this Period

760.00

SUBTOTAL of Receipts This Page (optional)

2470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Mark Slepian

Mailing Address 8318 N 75th St

City

Scottsdale

State

AZ

Zip Code

85258-2734

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669962

Amount of Each Receipt this Period

760.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marvin Tam

Mailing Address 906 Corbett Ave Apt 2

City

Mesa

State

AZ

Zip Code

85204-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669963

Amount of Each Receipt this Period

760.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thuy Vo

Mailing Address 6520 E Bar Z Ln

City

Paradise Valley

State

AZ

Zip Code

85253-1873

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669964

Amount of Each Receipt this Period

570.00

SUBTOTAL of Receipts This Page (optional)

2090.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 166

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Harold Walker

Mailing Address 16420 E Houston Avenue

City

Gilbert

State

AZ

Zip Code

85234-4024

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669965

Amount of Each Receipt this Period

760.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stephanie Wang

Mailing Address 3415 E Harvard Ave

City

Gilbert

State

AZ

Zip Code

85234-2220

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669966

Amount of Each Receipt this Period

760.00

C.

Full Name (Last, First, Middle Initial)

Dr. Marc Weinstein

Mailing Address 8379 E Tailfeather Dr

City

Scottsdale

State

AZ

Zip Code

85255-6459

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVDI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 41669967

Amount of Each Receipt this Period

570.00

SUBTOTAL of Receipts This Page (optional)

2090.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Rita S. Patel

Mailing Address 3 Ware Rd

City

Upper Saddle River

State

NJ

Zip Code

07458-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669968

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City

Hoboken

State

NJ

Zip Code

07030-6730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669969

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Sean D. Pierce

Mailing Address 509 48th Ave Apt 2A

City

Long Island City

State

NY

Zip Code

11101-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669970

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. George Joseph Ferrone

Mailing Address 440 E 62nd St Apt 18F

City

New York

State

NY

Zip Code

10065-8345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669971

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hiten Magan Malde

Mailing Address 7 Kinkaid Ave

City

Closter

State

NJ

Zip Code

07624-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669972

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City

New York

State

NY

Zip Code

10023-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669973

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Harry Agress, JR

Mailing Address 250 E 87th St Apt 23B

City

Hackensack

State

NJ

Zip Code

07601-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669974

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur S. Albert

Mailing Address 124 W 60th St Apt 45

City

New York

State

NY

Zip Code

10023-7451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669975

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City

Staten Island

State

NY

Zip Code

10304-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669976

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City

Wyckoff

State

NJ

Zip Code

07481-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669977

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City

New York

State

NY

Zip Code

10028-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669978

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel Rakow

Mailing Address 505 Ivy Lane

City

Wyckoff

State

NJ

Zip Code

07481-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669979

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick Toth

Mailing Address 201 E 80th St Apt 8F

City

New York

State

NY

Zip Code

10075-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669980

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. John DeMeritt

Mailing Address 18 Baldwin Rd

City

Saddle River

State

NJ

Zip Code

07458-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669981

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. Gene Han

Mailing Address 24 Briarcliff Rd

City

Tenafly

State

NJ

Zip Code

07670-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669982

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

79.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Krugman

Mailing Address 334 W 86th St Apt 4C

City

New York

State

NY

Zip Code

10024-3157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669983

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Gail Starr

Mailing Address 754 Drayton Pl

City

Rivervale

State

NJ

Zip Code

07675-6116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669984

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Gregory Nicola

Mailing Address 80 Riverside Blvd
Apt 14P

City

New York

State

NY

Zip Code

10069-0314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669985

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

76.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Regina Chu

Mailing Address 15 Ogle Rd

City

Old Tappan

State

NJ

Zip Code

07675-7028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669986

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Sunitha Sunkavalli

Mailing Address 943 High Mountain Rd

City

Franklin Lakes

State

NJ

Zip Code

07417-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669987

Amount of Each Receipt this Period

19.23

C.

Full Name (Last, First, Middle Initial)

Dr. Margaret Emy

Mailing Address 245 Oxford Dr

City

Tenafly

State

NJ

Zip Code

07670-3117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669988

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 159 / 166

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joel Budin

Mailing Address 140 Chestnut St

City

Englewood

State

NJ

Zip Code

07631-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669989

Amount of Each Receipt this Period

19.23

B.

Full Name (Last, First, Middle Initial)

Dr. Clement Yang

Mailing Address 555 W 59th St Apt 19E

City

New York

State

NY

Zip Code

10019-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669990

Amount of Each Receipt this Period

38.46

C.

Full Name (Last, First, Middle Initial)

Dr. William Kim

Mailing Address 405 Golf Course Dr

City

Leonia

State

NJ

Zip Code

07605-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 1

Transaction ID: 41669991

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

96.15

TOTAL This Period (last page this line number only)

133869.93

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Radiology Association Political Action Committee

District:

5000.00

District:

2000.00

District: 06

1500.00

8500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 161 / 166

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City
Sarasota

State
FL

Zip Code
34230

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Vern Buchanan

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 13

Transaction ID: 40961271

Date of Disbursement

07 / 07 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City
Allentown

State
PA

Zip Code
18105

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charles W. Dent

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 15

Transaction ID: 40972306

Date of Disbursement

07 / 12 / 2011

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Committee for the Preservation of Capitalism (CPC)

Mailing Address PO Box 65314

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Committee for the Preservation of Capitalism (CPC)

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 40972663

Date of Disbursement

07 / 11 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 / 166

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 4679 Winterset Drive

City
ColumbusState
OHZip Code
43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Stivers

Office Sought:

☒

House

☐

Senate

☐

President

State: OH

District: 15

Disbursement For:

2012

☒

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 40972792

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 1 1

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City
St. JosephState
MIZip Code
49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frederick Stephen Upton

Office Sought:

☒

House

☐

Senate

☐

President

State: MI

District: 06

Disbursement For:

2012

☒

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 41162486

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Bill Owens For Congress

Mailing Address PO Box 1575

City
PlattsburghState
NYZip Code
12901

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Bill Owens

Office Sought:

☒

House

☐

Senate

☐

President

State: NY

District: 23

Disbursement For:

2012

☒

Primary

☐

General

☐ Other (specify) ▼

Transaction ID: 41162487

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 1 1

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 / 166

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	Transaction ID: 41162488 Date of Disbursement																				
Mailing Address P.O. Box 391	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	1	1												
City Hopkinsville State KY Zip Code 42241	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Edward Whitfield	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 41162490 Date of Disbursement																				
Mailing Address PO Box 12612	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	3		2	0	1	1												
City San Antonio State TX Zip Code 78212	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Charles A. Gonzalez	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Sue Myrick For Congress	Transaction ID: 41162619 Date of Disbursement																				
Mailing Address P.O. Box 37091	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	4		2	0	1	1												
City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Sue Wilkins Myrick	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 13

Transaction ID: 41163241

Date of Disbursement

07 / 25 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mary Bono Mack Committee

Mailing Address PO Box 3370

City
Palm Springs

State
CA

Zip Code
92263

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mary Bono Mack

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 45

Transaction ID: 41163243

Date of Disbursement

07 / 26 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Cliff Stearns

Mailing Address PO Box 308

City
Silver Springs

State
FL

Zip Code
34489

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Clifford B. Stearns

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 06

Transaction ID: 41163244

Date of Disbursement

07 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 165 / 166

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Fincher For Congress

Mailing Address PO Box 11153

City
Jackson

State
TN

Zip Code
38308

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Steve Fincher

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 08

Transaction ID: 41163245

Date of Disbursement

07 / 27 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Wedge PAC

Mailing Address PO Box 680063

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement

011

Category/
Type

Candidate Name

Wedge PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 41163246

Date of Disbursement

07 / 28 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City
Uwchland

State
PA

Zip Code
19480

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James W. Gerlach

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District: 06

Transaction ID: 41163247

Date of Disbursement

07 / 29 / 2011

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

42000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 166 / 166

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 41657627

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2011

Amount of Each Disbursement this Period

1063.19

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1063.19

TOTAL This Period (last page this line number only)

1063.19